Dear Homeowner,

Thank you for your interest in the Fairfax County Home Repair for the Elderly Program (HREP).

This program was developed by the Fairfax County Redevelopment and Housing Authority to assist low and moderate income homeowners who are elderly <u>or</u> who have disabilities with minor home repairs. Repairs completed through this program help homeowners remain in their homes, while preventing further deterioration of the structure. This program is not intended to meet short term emergency needs, but rather to provide long term home maintenance solutions.

Under the Home Repair for the Elderly and Disabled Program, eligible homeowners would receive a grant of up to \$500 for materials and one week of labor (per residence) to be used within a five-year period.

In order to process your application, please submit the following documentation to verify your household income:

- 1. Pay-stubs, Social Security statements and/or current tax returns verifying total income for each person residing in the household.
- 2. Bank statements for the last two months for all accounts.

Once your application has been reviewed we will contact you regarding your eligibility; if you are qualified, we will schedule the initial inspection to discuss the work you listed on your application.

If you have any questions, or if we can be of further assistance please do not hesitate to contact our HREP Administration Staff at 703-246-5179.

## DOES YOUR HOME NEED REPAIR?



## HOME REPAIR for the ELDERLY Grant Assistance

The Home Repair for the Elderly Program (HREP) is designed to provide minor non-emergency home repairs for eligible low and moderate income elderly homeowners, as well as handicapped and disabled homeowners. Fairfax County will provide up to one week of labor and up to \$500 in materials to complete necessary repairs and maintenance. These materials and work are paid for by the County and Federal grant monies.

All materials and labor for the work done under this program are provided **FREE OF CHARGE** to eligible homeowners.

Consider the improvements you need for your home and list them on the application form. Our staff will work with you to decide what repairs can be provided under our program.

#### **TYPES OF REPAIR:**

These are the typical kinds of services that can be performed:

- ♦ Interior and exterior painting
- ♦ Minor electrical repair and replacement
- Window and door repair
- Minor plumbing repair and replacement
- Screen replacement for windows and doors
- ♦ Gutter and walkway repair
- ♦ Accessibility modification

More extensive improvements or those requiring building permits or licensing are not provided by this Program.

#### **ELIGIBILITY**

Homeowners meeting these qualifications are eligible to apply for the Home Repair for the Elderly Program:

- ◆ Residents of Fairfax County, **owning and** residing in the home needing repair
- ♦ Homeowner is 62 years of age or older, or disabled, or have disabled family members\*
  - \* Disabled family members are only eligible for accessibility modifications
- ♦ Maximum income of \$47,950 for 1 person
- ♦ Maximum income of \$54,800 for 2 persons
  - \* Income maximums are higher for larger families
  - \* When total family assets (excluding your house) exceed \$20,000 either actual or projected earnings are added to your income in considering eligibility
- ♦ Monthly housing expenses\* must be greater than 25 percent of monthly income
  - \* Items included in housing expenses are: mortgage, insurance, utilities and real estate taxes. (Expense requirements are adjusted in households receiving County real estate tax relief.) Unreimbursed medical expenses may be eligible for inclusion in housing expenses.
  - \* Households with yearly income below \$10,000 are exempt from HREP's housing expense requirements.

### PLEASE RETURN YOUR COMPLETED APPLICATION TO:

Home Repair for the Elderly Program Department of Housing and Community Development 3700 Pender Drive, Suite 300 Fairfax, Virginia 22030-6039

If you have any questions regarding the program, please call us at 703-246-5179. (TTY: 703-385-3578) www.fairfaxcounty.gov/rha





Fairfax County is committed to nondiscrimination on the basis of disability in all County programs, services and activities. Special accommodations will be provided upon request. For information call 703-246-5101, TTY 703-385-3578.



# APPLICATION FOR SERVICES HOME REPAIR PROGRAM FOR THE ELDERLY AND DISABLED



#### **Applicant Information:**

Name:						
Address:						
Telephone: Home: ()	Home: () Work: ()					
Have you previously received home impro work is eligible only up to Program limits)		rough thi	s program? (Additional			
How did you hear about this Program? _						
Family Members Note: Proof of disability must be furnished by homeow	ners under 62 years of age.					
Name	Date of Birth	Age	Occupation/Disability			
1.(Owner)						
2						
3						
Important: Your application cannot be processed winclude this information when you return your application other supporting documents may be furnished.  Family Member		ecurity or re				
•	-		-			
(Owner)			§			
			§			
		_	§			
Total Monthly Income			§			
Total Monthly Income			§			
25% of Monthly Family Income		,	<b></b>			
Assets						
Checking Account		Ş	S			
Savings Account			S			
Stocks, Bonds, Money Market Funds, IRA, 401k, Roth IRA			<b></b>			
Certificates of Deposit			§			
Real Estate Other Than Residence		5	S			
Other Assets (attach details)		5	\$			
Total Assets		9	S			

Monthly Housing Exp	ense				
Mortgage Payment				\$_	
Condo Fee/Homeowner Association Fee/Lot Rent			\$		
Real Estate Taxes	Exempt from Real Estate	: Ta	axes 🗆	\$_	
Insurance on Home				\$_	
Utility Expenses:					
Fuel Oil				\$ _	
Gas				\$_	
Water and Sewer				\$_	
Electric				\$_	
Trash Removal				\$_	
Total Housing Expens	s <b>e</b>			\$_	
1	ind improvements you woul		-		
4					
I further certify that only family of this application.  Signatures: I/WE have reinformation provided is true	members, and no other occupants or ter ead the Federal and Virginia Privac and complete to the best of my/or statements made. This application	nants	s, are living in my property at the time ct Statement (see below). More nowledge. I/We have no object	eovei	to inquiries being made for
Owner	Print N	ame			Date
Co-Owner	Print N	ame			Date
Federal Privacy Act St	atement				
Purpose: In compliance with the P will be collecting information you pr	rivacy Act of 1974, as amended, the following ovided to the Fairfax County Redevelopmer application/re-examination. The information ir	nt and	d Housing Authority (FCRHA) and the Fa	airfax	County Department of Housing and
complete; and to check the informati	on this form will be used primarily for the follo on you and others gave by doing a computer prosecutions. Summaries of tenant data may	match	h. It may be given to Federal, State and L		
1987, as amended, and federal regularity. The other information is	g the SSN's of all family members six (6) yea lations promulgated to implement the Act. 42 Mandatory under the authority of the U.S. H nay result in a delay or rejection of you eligibilit	U.S. lousin	.C. §3543 (2003), as codified at 24 C.F.R	. Part	5. Not giving SSN's will affect your
Applicant		]	Co-Applicant		
Race/National Origin (Not of Hispanic origin)  ☐ White ☐ Black ☐ ☐ American Indian or Alas Sex: ☐ Male ☐ Female	Hispanic Asian or Pacific Islander kan Native □ Other Handicapped: □ Yes □ No		Race/National Origin (Not of Hispanic origin)  ☐ White ☐ Black ☐ Hispanic Asian or Pacific Islander ☐ American Indian or Alaskan Native ☐ Other Sex: ☐ Male ☐ Female Handicapped: ☐ Yes ☐ No		